



# ***King County's Response to the State Supreme Court's August 2014 Ruling on Single Bed Certification***

*Updated October 23, 2014*

*The State Supreme Court's August 7 ruling in D.W. et al vs. DSHS and Pierce County was the right decision. It prohibited holding psychiatric patients on single bed certifications (SBCs) in non-psychiatric settings solely due to lack of capacity at certified psychiatric evaluation and treatment (E&T) facilities – a phenomenon commonly referred to as boarding.*

## **King County's Short-Term Responses to the Supreme Court's SBC Ruling**

**1.** We have further increased our efforts to divert individuals from the Involuntary Treatment Act (ITA) process by finding appropriate and effective treatment alternatives, including the use of voluntary Crisis Solutions Center (CSC) beds.

**2.** We started working with Cascade Behavioral Health and Fairfax Hospital to increase inpatient involuntary psychiatric capacity as quickly as possible.

- Fairfax Hospital's beds are available now.
- Cascade Behavioral Health has received its state certification and is in the process of developing capacity to meet ITA legal process requirements.

**3.** We have begun actively tracking the medical needs and care plans of all patients on SBCs, to determine whether they are already receiving appropriate medical and/or psychiatric care vs. boarded solely due to capacity.

**4.** We have been providing input to the state Department of Social and Health Services (DSHS) about short-term solutions.

- We requested emergency funding for E&T beds in larger facilities known as Institutions for Mental Disease (IMDs), which the Governor authorized.
- The Supreme Court has now allowed full implementation of the ruling to be delayed until December 26.

## **Long-Term Responses to the SBC Crisis Already in Progress in King County**

**1.** Prior to the Supreme Court ruling, a chartered task force had already been formed to address this crisis.

- This group will provide high-level leadership to ensure that all patients who need inpatient psychiatric care can access it.
- The task force will also work to improve the continuum of care from prevention to crisis in order to facilitate higher system performance.
- The group includes representatives of the Governor, the King County Executive, Harborview Medical Center, DSHS, and the Washington State Hospital Association (WSHA), among others.

**2.** King County is moving forward with the creation of two new Medicaid-eligible 16-bed E&T facilities by late 2015, thanks in part to new funding from the 2014 legislature.

- King County is seeking additional resources to meet the capital and operating needs of these two facilities.
- WSHA is also working to bring online additional involuntary medical psychiatric beds in existing hospitals.

*(continued on reverse side)*

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**3.** King County is launching a variety of other initiatives to directly reduce inpatient utilization and the need for SBCs. These include:

- The new Transition Support Program, which is helping speed discharge and ensure linkage between hospitalized individuals and community providers.
- The Peer Bridger program, to assist clients with the transition from hospital to community and to help implement discharge plans after release.
- Restoration of the full capacity for Next Day Appointments, to make it easier for clients in crisis to access urgent care without seeking hospitalization.

- Doubling the size and expanding the role of the Mobile Crisis Team to provide faster access to crisis support and community resources including the CSC, in order to reach people before they require involuntary commitment.
- An additional Program of Assertive Community Treatment team to bring intensive community-based care to individuals with a history of frequent hospital stays, thanks to new state funding.
- An improved system for utilization management of inpatient hospitalizations that should result in shorter lengths of stay for many patients.

## Potential Long-Term Solutions from the State

**1.** The September 9 renewal of the state's mental health managed care waiver now grants the state new authority to use Medicaid funds to pay for short-term stays in larger IMD facilities when those services are provided in lieu of more costly hospital services, effective October 1.

- This waiver is significant. It will allow costly psychiatric inpatient stays in IMDs to be covered by Medicaid.
  - This could potentially free up limited non-Medicaid funds for other essential or innovative services that may in turn reduce the need for hospitalizations.
  - Estimates of the total fiscal impact of the waiver are not yet available.
- The waiver applies only to short-term acute-care mental health services and is subject to biennial renewal, so it does not represent a complete or permanent solution.
- Ongoing state funding will still be needed to ensure treatment access for undocumented individuals and others ineligible for Medicaid, and for previously-eligible Medicaid participants for whom sizeable matching state funds are required.

**2.** An integrated involuntary commitment statute addressing both mental health and substance use disorders (SUDs), if passed and funded by the legislature, could also help reduce the number of people on SBCs.

- Many people with risk associated primarily with SUDs are currently going through the mental health ITA/SBC process. A more complete crisis response would serve them more effectively.

**3.** Additional specialized resources, if funded and/or brought online, may expedite transitions between local hospitals, state hospitals, and the community:

- Enhanced Services Facilities and/or specialized Adult Family Home beds.
  - Both of these could serve as discharge or diversion options for individuals with traumatic brain injuries or dementia who languish in state hospitals due to the lack of appropriate community placements.
- An increase in bed capacity at Western State Hospital, currently being sought by DSHS.
- Once launched, these initiatives may in turn help to make more acute care bed capacity available for individuals currently on SBCs.

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